## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or  $\underline{\underline{\mathcal{D}}}$  ocket Number

1316 N-001633

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
F			(Column 1)		(Column 2)		T -	TYPE		OR.	OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 = *					X43=		OR	X86=		
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, e					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	220	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
(Column 1) (Column 2)						(Column 3)	ı <u></u>	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Ĺ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	): -	
							A.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL	•	I		`	
								ODIT. FEE	-	OH ,	ADDIT. FEE		
		(Column 1)	٠,	(Colum		(Column 3)	I						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı			
* 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2 write	"O" in col	umn 3	L	+145=		OR	+290=		
***1	f the "Highest Nu	mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	AE	TOTAL DIT. FEE	,	OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Paid							ropriate box	in col	umn 1.		